## Coconino County Assessor 110 E Cherry Ave Flagstaff, AZ 86001

BY:

MAILING DATE

COMPLETE IN FULL AND RETURN TO ASSESSOR

## ARIZONA BUSINESS PROPERTY STATEMENT

THIS STATEMENT IS CONFIDENTIAL AND IS SUBJECT TO AUDIT BY THE ASSESSOR.

FAILURE TO COMPLETE AND RETURN BY THE REQUIRED DATE WILL RESULT IN A PENALTY OF TEN PERCENT OF THE AMOUNT OF TAXES DUE, PURSUANT TO ARS 42-15053 (F) (2)

SECTION 1: COMPLETE THIS SECTION ONLY IF THIS IS A NEW BUSINESS OR IF THERE IS A CHANGE IN NAME AND / OR ADDRESS.

ASSESSOR'S USE ONLY								
TAXPAYER / ACCOUNT NUMBER LOC CK								
NEW TAXPAYER								
AREA CODE								
PRORATE 10% PENALTY AP								
YES								

DO NOT MAKE CHANGES IN ADDRESS AREA - SEE SECTION 1 BELOW **IMPORTANT - READ FIRST!** Before completing this form, please read the instructions for information on reporting requirements and the amount of exemption.

SIGN SECTION 6 TO CLAIM THE EXEMPTION.

1. BUSINESS NAME											
2. ADDRESS			CITY		STATE _	ZIP _					
3. PROPERTY LOCATION ADDRESS					CITY		STATE _	<b>AZ</b> ZIP			
4 BUSINESS TYPE (Manufacturing Office Restaurant etc.)PRODUCT											
5. DATE STARTED	N THIS COUNTY	_	PHONE ()								
SECTION 2: DO NOT MAKE CORRECTIONS IN THIS SECTION. MAKE ALL CHANGES, ADDITIONS OR DELETIONS TO PROPERTY COST LISTED BELOW IN SECTION 4. THE ACQUISITION COST OF PROPERTY REPORTED LAST YEAR IS LISTED BELOW BY SCHEDULE AND YEAR ACQUIRED.											
SCHED. YEAR	ACQUISITION COST	CLASS	CODE	SCHED.	YEAR	ACQUISITION	COST	CLASS	CODE		

## ARIZONA BUSINESS PROPERTY STATEMENT SHADED AREAS FOR ASSESSOR'S USE ONLY

**BUSINESS NAME** TAXPAYER / ACCOUNT NUMBER **SECTION 3:** CLASS CLASS CLASS CLASS CLASS CLASS CLASS CLASS CLASS ASSESSOR'S В C D Ε G J Q П USE LIFE LIFE TBL # LIFE TBL # LIFE TBL # LIFE LIFE TBI # LIFE TBL # TBL # TBL # TBI # LIFE TBL # LIFE ONLY SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31 OF THE PREVIOUS YEAR. ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE AND THE YEAR OF ACQUISITION FOR ALL PROPERTY DELETED DURING THE PRIOR YEAR **SCHEDULE** Q В C Ε G Α OFFICE FURNITURE SPECIAL TOOLS STORE, MOTEL MACHINERY COMPUTER SUPPLIES ON CONSTRUCTION COPYING NUMBER OF APARTMENT AND **EQUIPMENT** HAND **EQUIPMENT EQUIPMENT** RENTAL VIDEO YEAR OF AND DIES AND EQUIPMENT DECEMBER 31 **FURNITURE TAPES** ADDITIONS OR EQUIPMENT AND FIXTURES ADDITIONS: YEAR QUALIFIED NON-QUALIFIED QUALIFIED NON-QUALIFIED **DELETIONS:** YEAR 20 20 20 20 20 20 20 20 19 19 19 ACQUISITION ADDITION OR TABLE ACQUISITION YEAR DESCRIPTION LIFE COST DELETION QUALIFIED SCHEDULE F: OTHER PROPERTY QUALIFIED NON-QUALIFIED QUALIFIED QUALIFIED SCHEDULE H: LEASEHOLD IMPROVEMENT OLIAL IFIED QUALIFIED NON-OUALIEIED SECTION 5: ADDITIONAL INFORMATION REQUIRED. LEASED OR RENTED PROPERTY: Attach a list of all leased or rented property in your possession. UNOWNED PROPERTY: Attach a list of property located at your place of business which you do not own, lease, or rent. GOVERNMENT OWNED LAND: If located on government property, attach a list providing the government owner's name and address. SECTION 6: AFFIRMATION OF PROPERTY STATEMENT AND CLAIM OF EXEMPTION By signing below, I hereby affirm that this is a full, true, and complete statement of property that is claimed by, or that is in the possession or control of the undersigned, and it is verifiable from the records and files of the above named business. The person whose signature is affixed below likewise claims an exemption amount not to exceed the first \$ of full cash value. Each eligible taxpayer is entitled to one statewide exemption. Name of County in which you are Claiming Exemption Print Name of Property Owner or Authorized Agent Date Signature of Property Owner or Authorized Agent Phone

SUPPLEMENTAL INFORMATION ATTACHED? YES \_\_\_\_\_ NO\_